

IParty Super PAC  
9/12/2014

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2014 SEP 19 AM 11:43  
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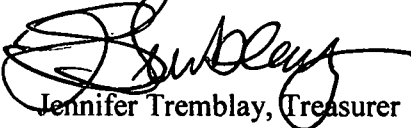
Federal Election Commission  
999 E Street, N.W.,  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern,

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

  
Jennifer Tremblay, Treasurer

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

IParty Super PAC

ADDRESS (number and street)

12601 Drexel Street



(Check if address  
is changed)

Frisco

CITY ▼

TX

STATE ▼

75035

ZIP CODE ▼

COMMITTEE'S E-MAIL ADDRESS

superpac@iparty.us



(Check if address  
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.iparty.us



(Check if address  
is changed)

2. DATE

09

12

2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR

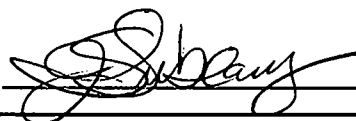


AMENDED (A)

I certify that, I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer Tremblay

Signature of Treasurer



Date

09

12

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate  
District

Office

State

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

(National, State

(Democratic,

- (d) This committee is a ☐ or subordinate) committee of the ☐ (Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.  FEC ID number
2.  FEC ID number
3.  FEC ID number
4.  FEC ID number

|   |
|---|
| C |
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| C |

2009-11-01 10:11:00

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

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|--|--|
|  |  |
|  |  |
|  |  |

ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

|           |                   |
|-----------|-------------------|
| Full Name | Jennifer Tremblay |
|-----------|-------------------|

Mailing Address 1921 SE Erwin Rd.

|                  |    |       |   |      |
|------------------|----|-------|---|------|
| Port Saint Lucie | FL | 34952 | - | 5537 |
|------------------|----|-------|---|------|

## Port Saint Lucie

FL

34952

5537

**Title or Position**

CITY

STATE

ZIP CODE

**Treasurer**

\_\_\_\_\_

Telephone number 

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8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

|                        |                   |
|------------------------|-------------------|
| Full Name of Treasurer | Jennifer Tremblay |
|------------------------|-------------------|

1921 SE Erwin Road

Port Saint Lucie FL 34952-5537  
CITY STATE ZIP CODE

## Port Saint Lucie

FL

34952

5537

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Measures

Telephone number --

Full Name of  
Designated  
Agent

Mark Tremblay

Mailing Address

12601 Drexel Street

Frisco

CITY

TX

STATE

75035

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

4180 NW Federal Hwy.

Jensen Beach

CITY

FL

STATE

34957

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY




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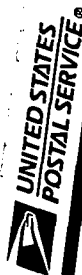
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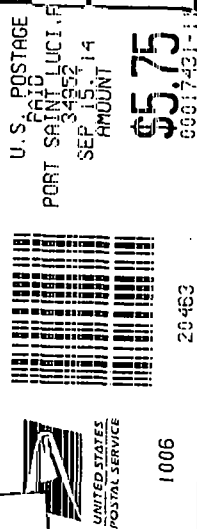
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| JB<br>PREPARER   | 7/19/2014<br>DATE PREPARED                          |